

**DECLARATION AND POWER OF ATTORNEY**

(Case No. 13421US01)

As the below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

**DISPOSABLE OPHTHALMIC LENS**

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

And I hereby appoint:

**PTO REGISTRATION NUMBERS**

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the address and telephone number of each of whom is McAndrews, Held & Malloy, Ltd., 500 West Madison Street, 34th Floor, Chicago, Illinois 60661, 312-775-8000, as my attorneys with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor Gregory L. Heacock

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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